



BALTIMORE CITY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
BUREAU OF FOOD CONTROL
210 GUILFORD AVENUE, 2ND FLOOR,
BALTIMORE, MARYLAND 21202
(410) 396-4424



APPLICATION FOR FOOD MANAGER CERTIFICATION

FOOD SERVICE MANAGER NAME _____

HOME ADDRESS _____ CITY _____ STATE ____ ZIP _____

PHONE NUMBER _____

FOOD SERVICE FACILITY NAME _____

FACILITY ADDRESS _____ ZIP _____

PHONE NUMBER _____

Submit the following information with the application:

1. Proof of training within the past three years,
2. Proof of examination with submission of score,
3. Two passport-type photos no larger than 2 1/4" x 2", AND
4. Check or money order payable to DIRECTOR OF FINANCE.

Fees:

Application Fee - \$30.00 for a 3-year certificate

Late Fee - \$10.00 per month

Replacement Processing Fee - \$10.00 for replacement certificate when new Food Service Manager is hired.
Replacement certificate is good for remainder of 3-year period of original certificate.

I hereby certify that the information given by me on this application is complete, true and correct to the best of my knowledge, and so indicated by signing below in the designated space. I also understand that providing any false information may result in the revoking of my food manager's certificate by the Baltimore City Health Department.

Signature and Title

Date

*****OFFICE USE ONLY*****

Name of Trainer _____ Trade Name _____

Address of Trainer _____

Examination Results: Score _____ Date _____ Fee Paid _____ Check # _____

Remarks _____

Approved _____ Disapproved _____

Certificate Number _____ Reviewer _____ Date _____